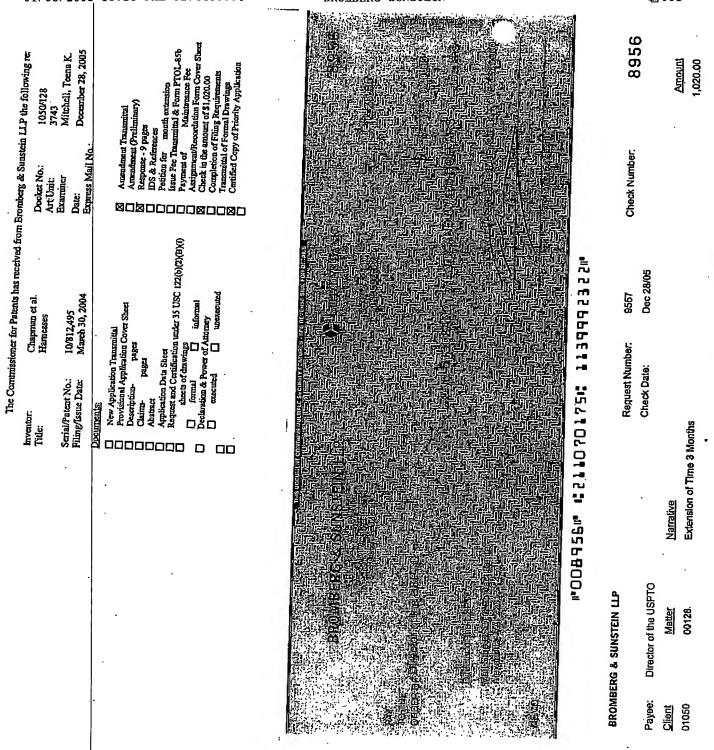
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BROMBERG \* SUNSTEIN LLP

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JAN 05 2006

# **FACSIMILE**

TO Examiner Teena Mitchell

FAX

(571) 273-8300

FROM

Timothy M. Murphy, Esq.

Art Unit 3743, USPTO

PAGES

31 (INCLUDING THIS SHEET)

PHONE

(617) 443-9292, Ext. 245

DATE

. 1/5/2006

RE

Application No.: 10/812,495

OUR| FILE

1050/128

YOUR FILE

COMMENTS

Dear Examiner Mitchell:

Per your request, I am transmitting herewith a copy of the response we filed on December 28, 2005. The original response included a certified copy of the priority document.

Please do not hesitate to contact me if you have any questions or need any additional information.

Thank you,

Timothy M. Murphy Fed

457589

PLEASE NOTIFY BROMBERG & SUNSTEIN LLP AT (617) 443-9292, IF THERE ARE ANY PROBLEMS WITH THIS TRANSMISSION.

THIS TRANSMITTAL IS INTENDED ONLY FOR THE ADDRESSEE, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED OR CONFIDENTIAL. IF THE RECIPIENT OF THIS TRANSMITTAL IS NOT THE ADDRESSEE, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

i	(Col. 1)	(0	Col. 2)	_ (C	ol. 3)	. (	OTHE	ALL ENTI	ΓY		
	CLAIMS						_				
	REMAINING	HIGH	IEST NO.								
İ	AFTER	PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE					
	AMENDMENT										
TOTAL	18		20	=	0_	х	\$	50.00	_=_	\$	0.00
INDEP.	33		3	=	0	x	\$_	200.00		\$	0.00
FIRST PR	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM +						_\$_	0.00	=	\$	0.00
								TOTAL			
							ΑI	DIT. FEE		\$	0.00

No additional fee for claims is required.

### FEE PAYMENT

5. Attached is a check in the sum of \$1,020.00.

### FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 19-4972.

If a fee for claims is required, charge Account No. 19-4972.

A duplicate of this paper is attached.

Date: December 28, 2005

Timothy M. Murphy Registration No. 33,198

**BROMBERG & SUNSTEIN LLP** 

125 Summer Street Boston, MA 02110-1618

US

617-443-9292

Customer No. 02101

01050/00128 455869.1

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

		(Col. 1)	· (C	ol. 2)	(C	Col. 3)	. (	HTC	R THAN A	SMALL ENTITY			
		CLAIMS											
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_T	DTAL	18		20	=	0	x	\$	50.00	=	\$	0.00	
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FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$								0.00		\$	0.00		
									TOTAL				
								ΑI	DIT. FEE		\$	0.00	

No additional fee for claims is required.

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